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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/924,971
	Filing Date	August 9, 2001
	First Named Inventor	Michael G. NATHANS et al.
	Art Unit	3691
	Examiner Name	M. Tinkler
	Attorney Docket Number	9520-002-64

To: Commissioner for Patents
P.O. Box 1450 Alexandria,
VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;

the practitioners (with registration numbers) of record listed on the attached paper(s); or

the practitioners of record associated with Customer Number: **24510**

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 1 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 110.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input checked="" type="checkbox"/> 10.40(c)(6) Please explain below:	

The client has failed to pay multiple bills rendered by the practitioner for an unreasonable period of time.

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number:

OR

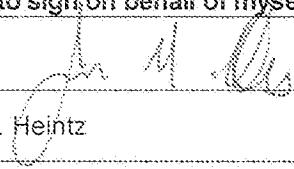
B. <input checked="" type="checkbox"/> Inventor or Assignee	Pay Rent, Builid Credit Franklin B. Levin, Senior Vice President & General Counsel
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Address 100 Canal Pointe Blvd., Suite 208

City Princeton	State NJ	Zip 08540	Country USA
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Telephone 770-218-4400	Email Franklin_Levin@MicroBilt.com
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 

Name James M. Heintz

Address P.O. Box 2758

City Reston	State VA	Zip 20190	Country USA
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Date November 2, 2009	Telephone No. 202-779-4000
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NOTE: Withdrawal is effective when approved rather than when received.

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.